

DED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>				Length of stay in lb		c. CITY OR TOWN <i>Manchester Ohio</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Union Station</i>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>344 Springhill Manchester Ohio</i>	
3. NAME OF DECEASED (Type or print) <i>Lawrence A. Brown</i>				First Middle Last		4. DATE OF DEATH <i>8/27/60</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>8/2/29</i>	
9. AGE (Last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrician</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Electrician</i>		11. BIRTHPLACE (City and state or country) <i>Illinois</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>				13a. FATHER'S NAME <i>Wm. J. Brown</i>			
13b. MOTHER'S MAIDEN NAME <i>Wm. J. Brown</i>				14. NAME OF HUSBAND OR WIFE <i>Wm. J. Brown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <i>Wm. J. Brown</i>				16. SOCIAL SECURITY NO. <i>Wm. J. Brown</i>		17. INFORMANT <i>Wm. J. Brown</i> Address <i>1300 Clark</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ARTERIO SCLEROTIC HEART DISEASE</i> DUE TO (b) <i>GENERALIZED ARTERIO SCLEROSIS</i> DUE TO (c) <i>GENERALIZED ARTERIO SCLEROSIS</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>John A. Brown M.D.</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>8-26-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>AUG 31 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Rowland Mortuary Svc. 4104-06 Manchester</i>				25. DATE RECD. BY LOCAL REG. <i>AUG 18 1960</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

70

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.